PTO/SB/06 (07-06)

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U.S. Patent and Traders' diseases, a valid OME control number.

U.S. Patent and Traders' diseases, a valid OME control number.

PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875							Application or Docket Number 10/579,323			ling Date 16/2006	To be Mailed
	AF	PPLICATION	AS FILE	SMALL	ENTITY	OR		HER THAN ALL ENTITY			
Н	FOR	N	NUMBER FILED		NUMBER EXTRA		RATE (\$)	FEE (\$)	$\Box$	RATE (\$)	FEE (\$)
	BASIC FEE (37 CFR 1.16(a), (b), c	or (c))	N/A		N/A		N/A		1	N/A	
	SEARCH FEE (37 CFR 1.16(k), (i), c		N/A		N/A		N/A			N/A	
	EXAMINATION FE (37 CFR 1.16(o), (p), o		N/A		N/A		N/A		]	N/A	
	TAL CLAIMS CFR 1.16(i))		minus 20 = *				x \$ = 1		OR	x s =	
IND	CFR 1.16(h))		m			x \$ =		]	x \$ =		
	APPLICATION SIZE (37 CFR 1.16(s))	FEE shee is \$2 addit	If the specification and drawings exceed sheets of paper, the application size fee is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. 5 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(								
	MULTIPLE DEPEN	IDENT CLAIM PR	ESENT (3	7 CFR 1.16(j))		]			]		
* If 1	the difference in colu	ımn 1 is less than	r "0" in column 2.		TOTAL		]	TOTAL			
APPLICATION AS AMENDED - PART II OTHER TH (Column 1) (Column 2) (Column 3) SMALL ENTITY OR SMALL E										ER THAN ALL ENTITY	
AMENDMENT	05/08/2008	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
ME I	Total (37 CFR 1.18())	· 26	Minus	·· 24	= 2	U	x \$ =		OR	X \$50=	100
١	Independent (37 CFR 1.16(h))	• 6	Minus	6	= 0	1 /	x \$ =		OR	X \$210=	0
ξ	Application Size Fee (37 CFR 1.16(s))								Г		
٩	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))								OR		
							TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	100
(Column 1) (Column 2) (Column 3)											
		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
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AMENDMENT	Independent (37 CFR 1,16(h))		Minus	***	-	H	x \$ =		OR	x \$ =	
ᆲ	Application Size Fee (37 CFR 1.16(s))					1			1		
AM	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.18(j))					1			OR		
						•	TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	
"If the entry in column 1 is less than the ontry in column 2, write "0" in column 3.  "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".  "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".  "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".											

This collection of information is equated by 37 CER. 1.16. The information is required to obtain or retain a besteff by the public which his lost figured by the USFTO to monoceasil an application. Confidentiality is ownered by 80 Sec. 22 and 37 CEF 1.15. This collection is estimated in table 22 annuates to complete, another ingolates properties, and submitting the completed application form to the USFTO. Time well vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or seggestions for reducing this burdon, should be sent to the CEM information Officer. U.S. Patient and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandrias, VA 2213-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandrias, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS